

**June 22, 2014 San Francisco Bay Area, CA**

WOMEN'S

**HALF AND MARATHON**

**5K**



**participant information**

*If we can't read it, you're not registered. All fields are totally required.*

full name \_\_\_\_\_

address \_\_\_\_\_

city \_\_\_\_\_ state \_\_\_\_\_ zip \_\_\_\_\_

phone \_\_\_\_\_

email \_\_\_\_\_

*please print carefully. we don't share.*

birthday \_\_\_\_/\_\_\_\_/\_\_\_\_ age on race day \_\_\_\_\_

*prizes awarded by age group required*

participant signature \_\_\_\_\_

(parent signature for participants under 18)

*I read & agree with the waiver (see below)*

date \_\_\_\_\_

**emergency contact**

full name \_\_\_\_\_

phone \_\_\_\_\_

**participation waiver**

ALL PARTICIPANTS IN ANY RACE, TRAINING AND/OR RELATED EVENTS CONDUCTED BY SEE JANE RUN ARE REQUIRED TO, AND HEREBY DO, ASSUME ALL RISK OF PARTICIPATION IN THE EVENT BY SIGNING THE GENERAL RELEASE AGREEMENT.

The undersigned athlete ("Athlete") on behalf of himself/herself and on behalf of Athlete's personal representatives, assigns, heirs, executors, hereby fully and forever releases, waives, discharges and covenants not to bring any legal action or seek to hold liable Jane's World Inc. d.b.a. See Jane Run and Perfect Time Events, its officers, and employees, race officials, race volunteers, states, cities, towns, and other governmental bodies and locations in which the See Jane Run training, races and/or related events, and the officers, directors, employees, agents, insurers, other participants and representatives of all of the above, any or all of the charities affiliated with the See Jane Run training, races and/or related events all municipal agencies whose property and/or personnel are used and all other sponsoring or co-sponsoring companies, organizations, or individuals related to the See Jane Run training, races and/or related events, and the directors, officers, affiliates, employees, representatives or other relations to such entities (collectively, the "Releasees"), from all liability to the Athlete and his/her personal representatives, assigns, heirs and executors, for all loss(es) or damage(s) and any and all claims of demands therefor, on account of injury to the Athlete or property or resulting in the death of the Athlete, whether caused by the active or passive negligence of all or any of the Releasees or otherwise, in connection with the Athlete's participation in the See Jane Run training, races and/or related events.

The Athlete represents and warrants that he/she is in good physical condition and is able to safely participate in the See Jane Run training, races and/or related events. The Athlete is fully aware of the risks and hazards inherent in participating in the See Jane Run training, races and/or related events, knowing the risks associated with the See Jane Run training, races and/or related events. The Athlete hereby assumes all risks of loss(es), damage(s), or injury(ies) that may be sustained by him/her while participating in the See Jane Run training, races and/or related events. The Athlete agrees to permit the use of his/her name, voice, picture, or photograph, in any broadcast, telecast, commercial advertisement, promotion, brochures, and other media without compensation and without notice and I waive any rights to future compensation to which I might otherwise have been entitled for such use by Jane's World Inc. The athlete acknowledges that providing their email address on the entry form entitles the See Jane Run to email him/her related topics. The Athlete acknowledges that the entry fee is non-refundable and non-transferable. The Athlete hereby grants to the medical director of the See Jane Run training, races and/or related events, and their agents, affiliates and designees access to all medical records (and physicians) as necessary and authorizes medical treatment as needed. The Athlete warrants that all statements made herein are true and correct and understands that Releasees have relied on them in allowing Athlete to participate in the See Jane Run training, races and/or related events.

If the Event is delayed or cancelled for any reason, including but not limited to: fire, threatened or actual strike, labor difficulty, work stoppage, insurrection, war, public disaster, flood, unavoidable casualty, natural disasters or the elements (including without limitation, rain, hail, hurricane, tornado, earthquake), or any other cause beyond the control of See Jane Run there shall be no refund of the entry fee or any other costs of Athlete in connection with the Event.

IF ATHLETE IS UNDER AGE 18: The parent/guardian certifies that my son/daughter has my permission to participate in the See Jane Run training, races and/or related events. The parent/guardian has read the foregoing RELEASE AND WAIVER OF LIABILITY AGREEMENT and by accepting the waiver intentionally and voluntarily agrees to its terms and conditions. The parent/guardian further certifies that my son/daughter is in good physical condition and is able to safely participate in the See Jane Run training, races and/or related events. The parent/guardian authorizes medical treatment for my son/daughter as needed and grants access to my child's medical records as necessary.

I understand that this event is RRCA sanctioned and that bicycles, skateboards, baby strollers, roller-skates or blades, animals and headsets are not allowed in the race and I will abide by this guideline.

elite (under 7:59 minute mile)

expected finish time \_\_\_\_\_

**t-shirt size**

women's t-shirt size XS  S  M  L  XL  2X  3X

*shirts are fitted, please size accordingly*

men's t-shirt size  M  L  XL  2X

kids' t-shirt size  XS  S  M  L  
(4-6) (6-8) (10-12) (14-16)

**distance**

	before 4/22	before 6/16	race day	
<input type="checkbox"/> 5k walk (not timed)	\$40	\$50	\$60	<input type="checkbox"/>
<input type="checkbox"/> 5k run	\$45	\$55	\$65	<input type="checkbox"/>
<input type="checkbox"/> 1/2 marathon	\$85	\$95	\$105	<input type="checkbox"/>
<input type="checkbox"/> kids' (not timed)	\$18	\$22	\$25	<input type="checkbox"/>

total \$

**payment**

check # \_\_\_\_\_  cash \_\_\_\_\_

credit card (VISA / MC / AMEX / DISC) expires \_\_\_\_/\_\_\_\_

card number \_\_\_\_\_

name on card \_\_\_\_\_

signature \_\_\_\_\_

how did you hear about us? \_\_\_\_\_

**group training**

Want to run with Jane? Visit SeeJaneRun.com to find training programs in your area.

fax this form to see jane run at:

**415 594 0872**

Fees are non-refundable and non-transferable